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## BIB DATA SHEET

CONFIRMATION NO. 2122

<b>SERIAL NUMBER</b> 09/672,519	<b>FILING or 371(c) DATE</b> 09/27/2000 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> BC-0256-US02		
<b>APPLICANTS</b> Bruce W. Gibbs, Arvada, CO; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/157,360 10/01/1999 <input type="text" value="ok /pb/"/> <b>** FOREIGN APPLICATIONS *****</b> <input type="text" value="none /pb/"/> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/08/2000						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/PATRICIA BIANCO/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance <u>/PB/</u> Initials	<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWINGS</b> 52	<b>TOTAL CLAIMS</b> <del>1</del> <input type="text" value="3"/>	<b>INDEPENDENT CLAIMS</b> <del>2</del> <input type="text" value="1"/>
<b>ADDRESS</b> CaridianBCT, Inc. Mail Stop: 810 1F2 10811 WEST COLLINS AVE LAKEWOOD, CO 80215 UNITED STATES						
<b>TITLE</b> Extracorporeal blood processing methods and apparatus						
<b>FILING FEE RECEIVED</b> 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			